

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017262

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 10 1962

Primary Registration District No. 1003

Registrar's No. 4545

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5618 S Grand Blvd. | | d. STREET ADDRESS (If outside, give location) 5618 So Grand Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Warren Lee Siler | | 4. DATE OF DEATH Month May Day 1 Year 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/18/77 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 9b. KIND OF BUSINESS OR INDUSTRY Liquor Store | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Liquor Store | |
| 11a. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Samuel E Siler | | 13b. MOTHER'S MAIDEN NAME Isabel Sponsler | |
| 14. NAME OF HUSBAND OR WIFE Anna J Siler | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Anna J Siler | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Heart Disease DUE TO (b) Arteriosclerosis Generalized DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH about 10 yrs unk | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Pulmonary Interstitial Fibrosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 4 1961 to May 1 1962 and last saw her/him alive on 4-19-62 Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Henry Cooper (Degree or title) MD | | 22b. ADDRESS 818 Olive St. | |
| 22c. DATE SIGNED 5/3/62 | | 23. LOCATION (City, town, or county) (State) St. Louis County, Mo | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 5/4/62 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo |
| 24. FUNERAL DIRECTOR Edward Fendler ADDRESS 5611 South Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. MAY 3 1962 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith | | 26. REGISTRAR'S SIGNATURE M.D. | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leo J. Buade

Licensed Embalmer No. 3989

P. O. Address St. Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.